


Place a plus sign (+) inside this box → 

02/05/01

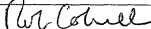
PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		Attorney Docket No.	1686P-017600
		First Inventor	Shoji Goto et al.
		Title	A METHOD OF UPDATING INFORMATION IN STORED CONTROL PROGRAM UNIT AND A STORED CONTROL PROGRAM UNIT
		Express Mail Label No.	EL630563743US

APPLICATION ELEMENTS See MPEP chapter 600 concerning design patent application contents.		ADDRESS TO Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27.	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	ACCOMPANYING APPLICATIONS PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:	
3. <input checked="" type="checkbox"/> Specification [Total Pages 31] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 25]			
5. Oath or Declaration/Power of Attorney [Total Pages 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ / Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 20350 or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
Name	Townsend and Townsend and Crew LLP				
Address	Two Embarcadero Center, 8th Floor				
City	San Francisco	State	California	Zip Code	94111-3834
Country	United States	Telephone	(415) 576-0200	Fax	(415) 576-0300
Name (Print/Type)	Robert C. Colwell	Registration No. (Attorney/Agent)	27,431		
Signature		Date	2/1/2001		

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PA 3124964 v1

09/775637
02/01/01

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number Unassigned
Filing Date Herewith
First Named Inventor Shoji Goto et al.
Examiner Name Unassigned
Group Art Unit Unassigned
Attorney Docket No. 16869P-017600

TOTAL AMOUNT OF PAYMENT (\$) 1758.00

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number

20-1430

Deposit
Account
Name

Townsend and Townsend and Crew LLP

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status.
See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE					Fee Paid
Large Fee Code (\$)	Entity Fee Code (\$)	Small Fee Code (\$)	Entity Fee Code (\$)	Fee Description	
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$ 710.00)

2. EXTRA CLAIM FEES

Total Claims		Extra Claims		Fee from below		Fee Paid	
36	-20**	16	X	16.00	X	268.	
Independent Claims	12	-3**	80	X	9	720.	
Multiple Dependent				X		0	

Large Fee Code (\$)	Entity Fee Code (\$)	Small Fee Code (\$)	Entity Fee Code (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$ 1008.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES		Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	390	216	195	Extension for reply within second month
117	890	217	445	Extension for reply within third month
118	1,390	218	695	Extension for reply within fourth month
128	1,890	228	945	Extension for reply within fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Filing a brief in support of an appeal
121	270	221	135	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,240	241	620	Petition to revive - unintentional
142	1,240	242	620	Utility issue fee (or reissue)
143	440	243	220	Design issue fee
144	600	244	300	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Petitions related to provisional applications
126	180	126	180	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
148	710	248	355	Filing a submission after final rejection (37 CFR § 1.129(a))
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))
179	710	279	355	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application
Other fee (specify)				
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3)	(\$ 40.00)

The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.

SUBMITTED BY

Name (Print/Type) Robert C. Colwell Registration No. Attorney/Agent 27.431 Telephone 650-326-2400
Signature *Robert C. Colwell* Date 2/1/01

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